

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: PROCESS FOR MAKING A SHEET OF  
ARAMID FIBERS USING A FOAMED MEDIUM

Attorney Docket Number:: 013400-198

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Homan  
Middle Name:: B.  
Family Name:: KINSLEY  
Name Suffix:: Jr.  
City of Residence:: Bohannon  
State or Province of Residence:: VA  
Country of Residence::  
Street of Mailing Address:: General Delivery  
City of Mailing Address:: Bohannon  
State or Province of Mailing Address:: VA  
Country of Mailing Address:: 23021  
Postal or Zip Code of Mailing  
Address::  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name:: B.  
Family Name:: PEART  
Name Suffix::  
City of Residence:: Westhampton  
State or Province of Residence:: MA  
Country of Residence::  
Street of Mailing Address:: 39 Loudville Road, Westhampton, MA 001027

City of Mailing Address:: Westhampton  
State or Province of Mailing Address:: MA  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address:: 01027  
Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number:: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee Name:: FiberMark, Inc.  
Street of Mailing Address:: P.O. Box 498  
City of Mailing Address:: Brattleboro  
State or Province of Mailing Address:: VT  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address:: 05302  
Address::